

NHS privatisation creating “oppressive regime” for some staff, research says

Embargoed until 0001 Thursday 10 September 2015

The transfer of NHS services to private companies risks creating a divide among staff, with some taking the opportunity for “liberation” with others encountering an “oppressive regime” from their new managers.

Research by Professor Justin Waring, of the Nottingham University Business School, says that while doctors saw privatisation as freedom from NHS bureaucracy, some nurses and health care assistants believed it had led to a “hostile and stark environment”.

Professor Waring told the British Sociological Association medical sociology conference at York today [Thursday 10 September] that he interviewed around 90 staff who were switched to working for a private firm running an Independent Sector Treatment Centre (ISTC) in England on behalf of the NHS.

ISTCs perform common non-emergency surgery, diagnostic procedures and tests such as hip replacements, cataract operations and scans. Like mainstream NHS services they are free at the point of use.

Professor Waring said his findings applied widely among the thousands of employees who were being moved to the private sector as more of the NHS work is given to private companies.

He told the York conference that the centre he studied was “was organised with an emphasis on operational productivity and performance management. In contrast to the former NHS hospital, this was a production or factory-like model of healthcare.

“Although the centre’s managers promoted the importance of professionalism and patient experience, it was apparent to many staff that a deeper set of values around volume-based productivity, cost-control, and customer satisfaction guided the organisation.”

Different staff groups experienced the changes differently, he said. Doctors were generally optimistic about the transfer to the centre, seeing it as the “future of healthcare” and “freedom from NHS bureaucracy”.

“Most doctors interpreted the private sector as restoring their professionalism which had been compromised by NHS managers and political interference, especially their sense of autonomy. As one doctor said, ‘you can’t be a proper doctor in the NHS anymore’.

“In parallel, ISTC managers were eager to secure the endorsement of doctors, without which the service might have struggled for operational performance. Managers flattered doctors, claiming to ‘trust in professional expertise’ and not wishing to interfere in medical work. They were eager to enrol doctors into a commercialised model of healthcare, and seemed surprised at the limited resistance from doctors.

“In comparison to the doctors, nurses and clinical practitioners had a markedly different experience. Most were concerned about working in an organisation driven by profit-making at the expense of professional standards and patient safety. There were also uncertainties about pay, pensions, and career.” Many tried to distance themselves from the changes.

However, nurses' fears were allayed to some extent when managers "made regular use of performance and clinical outcome data to demonstrate that standards were not slipping, for example feedback scores and infection rates."

Managers also allowed nurses to continue some NHS work practices if evidence showed improved outcomes "suggesting a degree of 'give-and-take'." Those who remained openly critical of the centre were separated into different rota shifts to keep them apart.

Health care assistants found the situation more difficult. "The migration of health care assistants involved little engagement, guidance, or support. This negative experience was compounded by the veiled, and sometimes explicit, threat of unemployment. They were in a marginal position within the centre where they were neither valued nor able to leave."

Overall, "for nurses, practitioners, and health care assistants, mostly female and a greater proportion being non-white, there was limited scope for, or inclination towards, integration, and they were offered limited influence in service organisation. Some health care assistants were even treated like second-class citizens and subjected to relatively harsh terms of resettlement.

"Reforms increasingly involve the transfer of public sector organisations and workforces to private ownership and management. These can, for some, involve new opportunities for liberation or advancement, whereas for others they represent more oppressive regimes."

- Professor Waring carried out the study between 2008 and 2010 on the transfer of acute services from a regional public hospital to the privately managed ISTC. He spoke to around 20 doctors, 30 nurses, radiologists and physiotherapists and 20 health care assistants. He carried out 400 hours of observations of the staff. He did not identify the ISTC in his presentation.

Quotes from people interviewed by Professor Waring:

"This is a business at the end of the day, we have got to make it work financially." (Manager)

"We are trying to create a new culture, a new way of working that is better for the clinicians because they feel like they have the power and for the patients because they feel they are at the centre of everything we do." (Manager)

"I am 100% committed to making this work. I want to it to succeed and to prove all the doubters that the ISTC can do things differently and out-perform the NHS." (Surgeon)

"[Company name] should be an example to the rest of the NHS...the public sector can't compete on these terms because we provide a better patient experience." (Doctor)

"To bring NHS staff into a private facility was a hell of a change because we are not private staff. They do things differently, everything is cost run and they have tried to bring us round to their way of thinking and it just doesn't compute." (Nurse)

"We have worked hard to bring the nurses into the fold. It seemed unfair that doctors could more easily earn the rewards but nurses were different, so we have look into it and are finding that nurses are realising the benefits for their patients and themselves." (Manager)

"It is better in many ways, you know, even the way we treat patients now is more as people and less as numbers. It just took some convincing I suppose." (Nurse)

"I still have concerns about who actually owns this place and who we are working for but I just put the patient first." (Nurse)

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Notes

1. Nottingham University Business School specialises in developing leadership potential, encouraging innovation and enterprise, and developing a global outlook. It is recognised as one of the world's top business schools for integrating sustainability issues into its undergraduate, MBA, MSc, PhD, and executive programmes and has unrivalled global reach through Nottingham's campuses in the UK, China, and Malaysia. The School holds a Small Business Charter Award in recognition of its important role in supporting small and medium enterprises. It is accredited by both the Association of MBAs (AMBA) and the European Quality Improvement System (EQUIS) and ranks among the UK's top ten for research power.

2. The British Sociological Association's annual medical sociology conference takes place at the University of York from 9 to 11 September 2015. Around 300 research presentations are given.

3. The British Sociological Association's charitable aim is to promote sociology. The BSA is a Company Limited by Guarantee. Registered in England and Wales. Company Number: 3890729. Registered Charity Number 1080235 www.britsoc.co.uk